



NH DES – Waste Management Division
Petroleum Discharge Incident Report

LOCATION:

Town _____ Site Name _____

Address of Incident _____

Party Reporting Incident/Phone Number _____

Date of Incident _____

Cause of Incident _____

Type of Product/Amount _____

ADDITIONAL INFORMATION:

Directions to the Site _____

Site Phone Number _____

Responsible Party (name, address, phone, contact person) _____

Affected Area: Land Only _____ Surface Water (name) _____

Fire Department Notified: Yes _____ No _____

Agencies/Officials at Site _____

Clean-up Contractor Hired: Yes _____ No _____

Name of Clean-up Contractor _____ Time Notified _____

RESPONSE ACTION TAKEN:
